

Parent Questionnaire - Re

Dear Parent or Caregiver: Being a parent is not easy. We want to help families have a healthy environment for kids. We're asking everyone questions about issues that affect many families. If there's a problem, we'll try to help.

Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any of them. This is voluntary. You don't have to answer a question you prefer not to.

Today's Date: ___ / ___ / _____

Child's Name: _____

Child's Birthdate: ___ / ___ / _____

Relationship to Child: _____



Please check one

Yes	No
Yes	No
Yes	No
Yes	No

Home Safety

- Do you need the phone number for poison control?
- Do you need a smoke alarm for your home?
- Does anyone smoke at home?
- Do you need a gun lock?



Yes	No
Yes	No
Yes	No

Child Behavior

- Do you often feel your child is difficult to take care of?
- Do you sometimes feel you need to slap or hit your child?
- Would you like assistance helping your child with their feelings or behavior?



Yes	No
Yes	No
Yes	No
Yes	No

Wellness

- Would you like help managing your stress?
- Do you wish you had more support from family and friends?
- Over the past 2 weeks, have you often felt down, depressed, or hopeless?
- Over the past 2 weeks, have you felt little interest or pleasure in doing things?



Yes	No
Yes	No

Food

- In the past year, did you worry that your food would run out before you could buy more?
- In the past year, did the food you bought not last, and you didn't have money to get more?



Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Would you like help regarding:

- Transportation to our office (or medical appointments)?
- Utilities (gas, electric, water)?
- Housing or rent?
- Finding or paying for childcare?
- Immigration?
- Employment or job training?
- Adult education (ESOL, GED)
- Getting healthcare or health insurance?
- Applying for public benefits (cash benefits, disability, unemployment)?



Yes	No
Yes	No
Yes	No

Do you have an issue with:

- Fighting with a spouse or partner?
- Alcohol use?
- Drug use?

Other things you'd like help with: _____

Please give this form to the doctor or nurse you're seeing today. We encourage you to discuss anything on this list with them so we may help. Thank you!